

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3648

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03635

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Frederick

LENGTH OF STAY  
(in this place)

45 Years

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

100 729 Motter Avenue

3. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

BELVA

CATHERINE

BOND

4. DATE (Month) (Day) (Year)  
OF DEATH: April 19, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

8. DATE OF BIRTH: 5 Sept 1887

9. AGE last birthday  
67 yrs.10. IF UNDER 1 YEAR  
Months Days Hours Min.

13. FATHER'S NAME:

Andrew J. Stotelmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)

No

16. SOCIAL SECURITY NO.

None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT  
COUNTRY?  
USA17. INFORMANT & ADDRESS: 257 W. 5th St.,  
Mrs. Pierce H. Gaver, Frederick, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X IMMEDIATE CAUSE

(A)  
DUE TO

Carcinoma Uterus

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSE (S)

(B)  
DUE TODISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

3 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

Acute hypertension last disease

1 yr.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21c. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21e. INJURY OCCURRED  
While  Not while   
at work  at work 

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from 1924 to Apr 18, 1955, that I last saw the deceased  
alive on Apr 18, 1955, and that death occurred at 12:45 P.M. from the causes and on the date stated above.  
SIGNATURE: *H. H. Klein* ADDRESS: DATE SIGNED: M. D. Frederick, Maryland 19 April 195523. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BurialDATE THEREOF  
22 April 1955NAME OF CEMETERY OR CREMATORIUM  
Mount Olivet CemeteryLOCATION (City, town, or county) (State)  
Frederick, MarylandDATE REC'D BY LOCAL  
REGISTRAR  
19 April 1955REGISTRAR'S SIGNATURE  
*Elizabeth L. Heck*

24. FUNERAL DIRECTOR

ADDRESS  
M. R. Etchison & Son, Frederick, Maryland

BUREAU Y.

APR 20 1955

RECEIVED

03636

## 3649 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL OR TOWN) Frederick		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll OR TOWN Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Mem. Hospital		STREET ADDRESS (If rural give location) Park Ave.	
3. NAME OF DECEASED: (Type or Print) JEFFERSON R. BOONE		4. DATE (Month) (Day) (Year) OF DEATH: April 21, 1955	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 2-21-1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Maintenance man		10B. KIND OF BUSINESS OR INDUSTRY: Lofstrend Co.	
13. FATHER'S NAME: Marshall Boone		11. BIRTHPLACE (State or foreign country): Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. 216-03-8480		14. MOTHER'S MAIDEN NAME: Josephine Wilson	
17. INFORMANT & ADDRESS: Mrs. Clara Boone, Mt. Airy, Md.			
18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.1 IMMEDIATE CAUSE Coronary thrombosis with infarction 5 wks. DUE TO of the myocardium.  ANTECEDENT CAUSE (S): Coronary arteriosclerosis DUE TO (C)			
INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While Not while at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/25, 1955, to 4/21, 1955, that I last saw the deceased alive on 4/21, 1955, and that death occurred at 5:10 PM, from the causes and on the date stated above. SIGNATURE Henry V. Chase ADDRESS M.D. 48 Church St DATE SIGNED 4/21/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 4-24-1955 NAME OF CEMETERY Linganore	
DATE REC'D BY LOCAL REGISTRAR 23 April 1955		LOCATION (City, town, or county) Frederick Co. Maryland ADDRESS	
REGISTRAR'S SIGNATURE Elizabeth J. Heek.		24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Maryland ADDRESS	

BUREAU V. S.

APR 26 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803637

3672

## CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Foxville		LENGTH OF STAY (in this place) Lifetime	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>oo</i>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) Type or Print) Harry Silas Buhrman		4. DATE (Month) (Day) (Year) OF DEATH Apr. 20. 1955	
5. SEX: Male	6. COLOR OR Race White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH: March 29th, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Potato raiser	
13. FATHER'S NAME: Sida Buhrman		11. BIRTHPLACE (State or foreign country): Foxville Fredk Co. md U.S.A	
15. WAS DECKED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT & ADDRESS: Theodore F. Buhrman Smithsburg MD		18. MEDICAL CERTIFICATION  (A) <i>Heart disease, Coronary type</i> DUE TO  (B) _____ DUE TO  (C) _____	
19A. DATE OF OPERATION: <i>none</i>		19B. MAJOR FINDINGS OF OPERATION <i>none</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>8 mos.</i>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 13</i> , 1957, to <i>Apr. 19</i> , 1955, that I last saw the deceased alive on <i>Apr. 13</i> , 1955, and that death occurred at <i>11 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>James K. Gray.</i> ADDRESS <i>Thurmont Md.</i> DATE SIGNED <i>4/21/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF April 23, 1955 NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) United Brethren Cem. Thurmont Freak. Co. MD	
DATE REC'D BY LOCAL REGISTRAR <i>4/21/55</i>		24. FUNERAL DIRECTOR ADDRESS A. L. Creager & Son Thurmont. md	
REGISTRAR'S SIGNATURE <i>W. Gray</i>			

BUREAU Y.S.

APR 25 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3650

## CERTIFICATE OF DEATH

03638

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY **Frederick** MARYLAND  
 CITY (If outside corporate limits, write RURAL) LENGTH OF STAY  
 OR (And give nearest town)  
**Frederick** (In this place)  
 Years

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Frederick**  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN **Frederick-Rural R.F.D.#3**  
 STREET ADDRESS  
 (If rural give location)  
**Yellow Springs**

## 3. NAME OF

(First)

(Middle)

(Last)

DECEASED:  
(Type or Print)**THOMAS****RICHARD****CANNON**

## 4. DATE (Month)

(Day)

(Year)

OF DEATH: **April 6, 1955**

## 5. SEX:

6. COLOR OR  
RACE:**Male****White**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED;  
(Specify):**Married**

## 8. DATE OF BIRTH:

**March 6, 1916**

## 9. AGE last birthday

**39**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HRS.

Hours

Min.

## 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.)

## 10B. KIND OF BUSINESS OR INDUSTRY:

**Press Operator****Aluminum Co.**

## 11. BIRTHPLACE (State or foreign country):

**Maryland**

## 12. CITIZEN OF WHAT COUNTRY?

**USA**

## 13. FATHER'S NAME:

**Roy A. Cannon**

## 14. MOTHER'S MAIDEN NAME:

**Bertha M. Linton**15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates of service)**No**

## 16. SOCIAL SECURITY NO.

**214-10-3577**

## 17. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**593X**

IMMEDIATE CAUSE

## (A)

DUE TO

*Arteriosclerosis*  
*Hypertension*INTERVAL BETWEEN  
ONSET AND DEATH**Today****4 years +**

## ANTECEDENT CAUSE (S)

## (B)

DUE TO

*Respiratory***4 years +**

## DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

## (C)

## II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

## 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

## 21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

## 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while  
at work at work

## 21F. HOW DID INJURY OCCUR?

## M.

22. I hereby certify that I attended the deceased from **May 6, 1955**, to **May 6, 1955**, that I last saw the deceased alive on **April 6, 1955**, and that death occurred at **3:45 P.M.** from the causes and on the date stated above.  
 SIGNATURE *R. Cannon* ADDRESS **Frederick, Maryland** DATE SIGNED **4/7/1955**

## 23. BURIAL CREMATION, REMOVAL (SPECIFY)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIUM

## LOCATION (City, town, or county)

(State)

**Burial****Apr. 9, 1955****Pleasant Hill Cemetery****Frederick County, Maryland**

## DATE REC'D BY LOCAL REGISTRAR

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

**April 9, 1955****Elizabeth B. Heck****M. R. Etchison & Son, Frederick, Maryland**

BUREAU V. S.

APR 12 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803639

## 3673 CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
 If outside corporate limits, write RURAL LENGTH OF STAY  
 OR  and give nearest town  (in this place)  
 TOWN Libertytown YEARS 8  
 HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS  
00

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick  
 If outside corporate limits, write RURAL and give nearest town  
 OR   
 TOWN Libertytown  
 STREET ADDRESS (If rural give location)

3. NAME OF  
DECEASED:  
(Type or Print)(First) MARTHA(Middle) L.(Last) DAVIS4. DATE  
OF  
DEATH:April 7 1955

## 5. SEX:

6. COLOR OR  
RACE: Female colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Single

## 8. DATE OF BIRTH:

2/28/1885

## 9. AGE last birthday:

70 yrs. 70 IF UNDER 1 YEAR Months Days Hours Min.10a. USUAL OCCUPATION. Give kind of  
work done during most of working life,  
even if retired:Domestic10b. KIND OF BUSINESS OR  
INDUSTRY:Gardener

## 11. BIRTHPLACE (State or foreign country):

Maryland12. CITIZEN OF WHAT  
COUNTRY?U.S.

## 13. FATHER'S NAME:

William J. Davis

## 14. MOTHER'S MAIDEN NAME:

Mary Stewart15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)No

## 16. SOCIAL SECURITY NO.:

none

## 17. INFORMANT &amp; ADDRESS:

Mrs. Theresa Davis, Libertytown, Md.Interval Between  
Onset And Death

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

## Immediate cause

(a)

DUE TO Cerebral Hemorrhage7 days

## Antecedent causes (s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.

(b)

DUE TO 7 days

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY ?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
of office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY

m.

INJURY OCCURRED  
While at Work  Not While At Work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1954, to April 1955, that I last saw the deceased  
alive on 4-1-1955, and that death occurred at 2:05 A.M. from the causes and on the date stated above.  
SIGNATURE J. H. Legg and Mason Davis ADDRESS 44-55723. BURIAL, CREMATION,  
REMOVAL  
(Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Elizabethtown, Pa.D. P. Hartley & Sons

BUREAU V.

APR 12 1955

RECEIVED

3651

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <b>Frederick</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town <b>Frederick</b>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>MARYLAND</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>FREDERICK</b> STREET ADDRESS <b>1611 Rosemont Ave</b>	
3. NAME OF DECEASED: (First) <b>Bessie</b> (Middle) <b>Lee</b> (Last) <b>Dubel</b> (Type or Print)		4. DATE OF DEATH: (Month) <b>April</b> (Day) <b>21</b> (Year) <b>1955</b>	
5. SEX: <b>Female</b>		6. COLOR OR RACE: <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH: <b>Aug. 22. 1887</b>	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country): <b>Frederick Co. MD</b>		9. AGE last birthday: If UNDER 1 YEAR <b>67</b> If UNDER 24 HRS. Month. Days Hours Min.	
13. FATHER'S NAME: <b>Jacob V McDonald</b>		14. MOTHER'S MAIDEN NAME: <b>Clara V Routzahn</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) <b>No</b> (If Yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.: <b>No</b> 17. INFORMANT & ADDRESS: <b>James N. Dubel 1611 Rosemont Ave. Frederick</b>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>443X</b> Immediate cause (a) <b>Subarachnoid hemorrhage</b> Antecedent causes (s) (b) <b>Hypertensive Cardiovascular disease</b> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <b>with healed dissecting aortic aneurysm</b> 3 yrs + DUE TO DUE TO			
Interval Between Onset And Death <b>4 days</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>4/17, 1955</b> , to <b>4/21, 1955</b> , that I last saw the deceased alive on <b>4/20, 1955</b> , and that death occurred at <b>2 AM</b> , from the causes and on the date stated above. SIGNATURE <b>Henry V Chase Jr. Jr.</b> ADDRESS <b>48 Church St</b> DATE SIGNED <b>4/21/55</b> (Degree or title)			
23. BURIAL/CREMATION, DATE THEREOF REMOVAL (Specify) <b>Burial Apr. 25, 1955</b>		NAME OF CEMETERY OR CREMATORIUM <b>Mt Olivet Cem.</b> LOCATION (City, town, or county) (State) <b>Frederick. Md</b>	
DATE REC'D BY LOCAL REGISTRAR <b>23 April 1955</b>		REGISTRAR'S SIGNATURE <b>Elizabeth L. Hess.</b> 24. FUNERAL DIRECTOR <b>M. L. Creager &amp; Son Thurmont. MD</b>	

BUREAU Y. S.

APR



3652

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		STATE <u>MD</u> COUNTY <u>Frederick</u> <del>MD</del> If outside corporate limits, write RURAL and give nearest town TOWN <u>Walkersville</u> STREET ADDRESS <u>(If rural give location)</u>	
3. NAME OF DECEASED: (Type or Print) <u>MILTON</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>April 8 1955</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Nov. 9, 1869</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Own farm</u>	
13. FATHER'S NAME: <u>Martin Eyer</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
		16. SOCIAL SECURITY NO. <u>- - -</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<u>610X</u> IMMEDIATE CAUSE <u>Hemphage</u> ANTECEDENT CAUSE (S) <u>Prostate hypertrophy</u>			
(A) DUE TO <u>Hemphage</u> (B) DUE TO <u>Prostate hypertrophy</u> (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cardiac decompensation</u>			
19A. DATE OF OPERATION: <u>4/6/55</u>		19B. MAJOR FINDINGS OF OPERATION <u>Bleeding from prostate gland</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <u>Office bldg.</u>	
21C. WHERE DID (City or town) INJURY OCCUR? <u>Office bldg.</u>		(County) <u>Frederick</u> (State) <u>Md.</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>April 8, 1955</u> , to <u>Apr. 8, 1955</u> , that I last saw the deceased alive on <u>Apr. 8, 1955</u> , and that death occurred at <u>4:45 PM</u> , from the causes and on the date stated above. SIGNATURE <u>Harold Bell</u> ADDRESS <u>Frederick Md.</u> DATE SIGNED <u>Apr. 9, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4/11/55</u>	
DATE REC'D BY LOCAL REGISTRAR <u>April 1955</u>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Glade cemetery Walkersville, Md.</u>	
REGISTRAR'S SIGNATURE <u>Elizabeth L. Heid.</u>		24. FUNERAL DIRECTOR ADDRESS <u>G. C. Barton, Walkersville, Md.</u>	

5.

3653

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Frederick</b> CITY (If outside corporate limits, write RURAL or and give nearest town) <b>Frederick</b>		MARYLAND LENGTH OF STAY (in this place) <b>8 hr.</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Frederick Mem. Hospital</b>		STATE <b>Md</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Thurmont</b> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) <b>Charles</b> (Middle) <b>Ralph</b> (Last) <b>Fornwald</b> (Type or Print)		4. DATE OF DEATH: <b>Apr. 16. 1955</b>	
5. SEX: <b>Male</b> 6. COLOR OR RACE: <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Married</b> 8. DATE OF BIRTH: <b>Nov. 24. 1875</b> 9. AGE last birthday: <b>79</b> yrs.   Month. Days   Hours   Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired. <b>Navy Yard Employee (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>Reading Penna</b>	
11. BIRTHPLACE (State or foreign country): <b>U.S.A</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
13. FATHER'S NAME: <b>Wm. Fornwald</b>		14. MOTHER'S MAIDEN NAME: <b>Hattie Rhodes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>No</b> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <b>No</b> 17. INFORMANT & ADDRESS: <b>Ralph E. Fornwald Thurmont Md</b>	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>422.1</b> Immediate cause Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause first. <b>(260X)</b>			
(a) DUE TO <b>Cerebral Hemorrhage</b> (b) DUE TO <b>Arteriosclerotic Cardio - Vascular Disease</b> (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>			
19a. DATE OF OPERATION: <b>19b. MAJOR FINDINGS OF OPERATION</b>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work <input type="checkbox"/> At Work <input type="checkbox"/> HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4/15</b> , 1955, to <b>4/16</b> , 1955, that I last saw the deceased alive on <b>4/16</b> , 1955, and that death occurred at <b>6:30 AM</b> , from the causes and on the date stated above. (Degree or title) <b>E.J. Detbaum</b> <b>24-D.</b> ADDRESS <b>Thurmont</b> DATE SIGNED <b>4/16/55</b>			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) REMOVAL (Specify) <b>Burial</b> DATE 19.1955 Blue Ridge Cem. <b>Thurmont Fredk Co. Md</b> DATE REC'D BY LOCAL REGISTRAR <b>18 April 1955</b> REGISTRAR'S SIGNATURE <b>Elizabeth L. Herk.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>M.L. Creager &amp; Son</b> <b>Thurmont MD</b>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
 age is especially important. Physicians: please write the causes of death clearly and legibly.

BELMONT V. S.

AF

03643

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3674

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

## 1. PLACE OF DEATH:

Frederick

COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Rural Thurmont

LENGTH OF STAY  
(In this place)

50 yrs

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

Emma

Jane

Freshman

4. SEX: 16. COLOR OR  
RACE:  
Female White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)

Married

8. DATE OF BIRTH:  
Feb 5th. 1877

78

4. DATE (Month) (Day) (Year)  
OF DEATH: April 13 19559. AGE last birthday  
IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired) Housewife10B. KIND OF BUSINESS  
OR INDUSTRY: Own Home11. BIRTHPLACE (State or foreign country):  
Thurmont R.D. Md12. CITIZEN OF WHAT  
COUNTRY? U.S.A.

## 13. FATHER'S NAME:

John T. Brice

## 14. MOTHER'S MAIDEN NAME:

Arabella

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No16. SOCIAL SECURITY NO.  
No17. INFORMANT & ADDRESS:  
Martin L. Freshman Thurmont, MD18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2-1X

IMMEDIATE CAUSE

18. MEDICAL CERTIFICATION

(A)  
DUE TO

Central Nervous System

INTERVAL BETWEEN  
ONSET AND DEATH

7 mos.

ANTECEDENT CAUSE (S)

(B)  
DUE TODISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

(1904.7)

Fracture of l. hip.

5 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While Not while  
at work at work

21F. HOW DID INJURY OCCUR?

M.

I hereby certify that I attended the deceased from

Sept. 15, 1954 to Apr. 13, 1955, that I last saw the deceased  
alive on Apr. 13, 1955, and that death occurred at 3:30 P.M. from the causes and on the date stated above.  
SIGNATURE: *James X. Gray* ADDRESS: *Thurmont Md.* DATE SIGNED: *Apr. 14-1955*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

Burial

Apr. 16th. 1955

U.E. Cemetery

Thurmont, Fredk Co. MD

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 15 1955

Blanche S. Eyer

M.L.Creager &amp; Son Thurmont

MD

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03644

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN Frederick-Rural R.D.#1 LENGTH OF STAY  
 (in this place)  
 Months

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS Near Walkersville.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Frederick-Rural R.D. #1 STREET  
 ADDRESS (If rural give location)

Near Walkersville

3. NAME OF  
 DECEASED:  
 (Type or Print)

(First) MARGARET (Middle) ELLEN

(Last) GEISBERT

4. DATE (Month) (Day) (Year)  
 OF DEATH: April 20, 1955

5. SEX: Female

6. COLOR OR  
 RACE: White 7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED:  
 (Specify): Widow

8. DATE OF BIRTH: January 30, 1874

9. AGE last birthday  
 81 yrsIF UNDER 1 YEAR  
 Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
 work done during most of working life,  
 even if retired)10B. KIND OF BUSINESS  
 OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT  
 COUNTRY? USA

## 13. FATHER'S NAME:

William Snauffer

## 14. MOTHER'S MAIDEN NAME:

Elizabeth Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
 (Yes, no, or unk.) (If Yes, give war or dates  
 of service)

No

16. SOCIAL SECURITY NO. None

## 17. INFORMANT &amp; ADDRESS:

Stuart L. Geisbert, Frederick, R.F.D.#1, Md

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
 ONSET AND DEATH

## ANTECEDENT CAUSE (8)

Hypertension arteriosclerotic cardio -

1 month

DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

Dysrhythmia degenerative

1 wk

Generalized arteriosclerosis

years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO 21A. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town) (County) (State)  
 INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY M.21E. INJURY OCCURRED  
 While  Not while   
 at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1957, to 4-20, 1957 that I last saw the deceased  
 alive on 4-19, 1957, and that death occurred at 4:30 A.M. from the causes and on the date stated above.  
 SIGNATURE ADDRESS DATE SIGNED23. BURIAL/CREMATION,  
 REMOVAL (SPECIFY)  
 Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
 REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

21 April 1955

Elizabeth S. Heck.

M. R. Etchison &amp; Son Frederick, Maryland

RECEIVED

APR 22 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03645

## 3676 CERTIFICATE OF DEATH

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)TOWN MeyersvilleHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
003. NAME OF  
DECEASED:  
(Type or Print)(First) Alta(Middle) V.(Last) Grossnickle

5. SEX:

6. COLOR OR  
RACE: Female white7. MARRIED;  
WIDOWED, DIVORCED,  
(Specify): widow8. DATE OF BIRTH: 9-1-18769. AGE last birthday 78  
yrs.10. KIND OF BUSINESS  
OR INDUSTRY: own home11. BIRTHPLACE (State or foreign country): Maryland12. CITIZEN OF WHAT  
COUNTRY? U.S.13. FATHER'S NAME: Ezra Harchman14. MOTHER'S MAIDEN NAME: Louise Leatherman15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No16. SOCIAL SECURITY NO. none17. INFORMANT & ADDRESS: Joseph Grossnickle, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1  
IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(A) DUE TO Coronary occlusion

(B) DUE TO

(C) ArteriosclerosisII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.) —21C. WHERE DID (City or town)  
INJURY OCCUR? —(County) — (State) —21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY —21E. INJURY OCCURRED  
While  Not white   
at work  at work 21F. HOW DID INJURY OCCUR?  
—22. I hereby certify that I attended the deceased from Nov 1954, to Apr. 4, 1955, that I last saw the deceasedalive on Mar 31, 1955, and that death occurred at 9<sup>10</sup>A M., from the causes and on the date stated above.SIGNATURE J E HarpADDRESS M. D. MiddletownDATE SIGNED 4-5-5523. BURIAL, CREMATION,  
REMOVAL (SPECIFY) BurialDATE THEREOF 4-6-1955NAME OF CEMETERY OR CREMATORIAL St. A CemeteryLOCATION (City, town, or county) Meyersville(State) Md.DATE REC'D BY LOCAL  
REGISTRAR April 6, 1955REGISTRAR'S SIGNATURE D. Hoy M. Bittle24. FUNERAL DIRECTOR Gladhill Co.ADDRESS Middletown, Md.

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2. 00000000

3. 00000000

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03646

367

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

~~OR~~  
~~TOWN~~  
(If outside corporate limits, write RURAL  
and give nearest town)LENGTH OF STAY  
(in this place)  
Years

X TOWN Doubs Doubs

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)(First)  
IDA(Middle)  
BELL(Last)  
HAWES

4. SEX.

6. COLOR OR  
RACE:

Female White

7. MARRIED,  
WIDOWED, DIVORCED  
(Specify):

Widow

8. DATE OF BIRTH:

February 3, 1878

9. AGE last birthday

77  
yrs.

10. IF UNDER 1 YEAR

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired) Housework10B. KIND OF BUSINESS  
OR INDUSTRY:  
Home

11. BIRTHPLACE (State or foreign country):

Virginia

12. CITIZEN OF WHAT

COUNTRY?  
USA

13. FATHER'S NAME:

George F. Heffner

14. MOTHER'S MAIDEN NAME:

Margaret Shafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) NO

16. SOCIAL SECURITY NO.

None

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

## 18. MEDICAL CERTIFICATION

(A) DUE TO

Probable Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

15 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(B) DUE TO

Acute Myocardial Failure

15 min

(C)

Primary site undetermined

4740

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1954 to 3/6, 1955 that I last saw the deceased  
alive on 3/6, 1955, and that death occurred at 8:55 P.M. from the causes and on the date stated above.  
SIGNATURE C. Charles Price ADDRESS Jefferson, Maryland DATE SIGNED 4/9/195523. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REGISTRAR April 19, 1955

REGISTRAR'S SIGNATURE

Elizabeth S. Heffner

24. FUNERAL DIRECTOR

M. R. Etchison &amp; Son, Frederick, Maryland

BUNDLJ V. S

100



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03647

3673

## CERTIFICATE OF DEATH

Reg. Dist. No. 145

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Myerstown

LENGTH OF STAY  
(in this place)

2 weeks

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)

(First) Albert

(Middle) E.

(Last) Hays

4. SEX:

5. COLOR OR  
RACE:

male white

6. COLOR OR  
RACE:

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify):

married

8. DATE OF BIRTH:

1-11-1874

9. AGE last birthday

81 yrs

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):

farmer

10B. KIND OF BUSINESS  
OR INDUSTRY:

farm

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT  
COUNTRY?

U.S.

13. FATHER'S NAME:

John O. Hays

14. MOTHER'S MAIDEN NAME:

Catherine S. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT &amp; ADDRESS:

Mrs. Samuel Bentzahn, Myerstown

Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 X

IMMEDIATE CAUSE

(A)

DUE TO

Cardio-Pulm-Vascular disease

INTERVAL BETWEEN  
ONSET AND DEATH

4 yrs.

ANTECEDENT CAUSE (B)

(B)

DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while at work  at work 

21F. HOW DID INJURY OCCUR?

M.

-

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APR 22 1955

RECEIVED

103648

Reg. Dist.

No. 145

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

COUNTY **FREDERICK** MARYLAND  
 CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
 TOWN **NR. SMITHSBURG**  
 HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
**RD #1**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **MARYLAND** COUNTY **FREDERICK**  
 CITY (If outside corporate limits write RURAL and give nearest town)  
 OR  
 TOWN **NR. SMITHSBURG**  
 STREET  
ADDRESS  
**RD #1**  
 (If rural, give location)

3. NAME OF  
DECEASED:  
(Type or Print) **WILLIAM TECUMSEH HAYS**

4. DATE  
OF  
DEATH **APRIL 17, 1955**

5. SEX: **MALE** 6. COLOR OR  
RACE: **WHITE** 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): **MARRIED** 8. DATE OF BIRTH:  
**MARCH 8, 1883**

9. AGE last birthday: IF UNDER 1 YEAR **72** IF UNDER 24 HRS.  
Months **Days** Hours **Min.**

10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): **LABORER** 10b. KIND OF BUSINESS OR  
INDUSTRY: **FARM - QUARRY**

11. BIRTHPLACE (State or foreign country): **MARYLAND** 12. CITIZEN OF WHAT  
COUNTRY: **USA**

## 13. FATHER'S NAME:

**HENRY CLAY HAYS**

## 14. MOTHER'S MAIDEN NAME:

**SUSAN JOHNSON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) **No** (If Yes, give war or dates of  
service)

16. SOCIAL SECURITY NO.: **213-18-0742** 17. INFORMANT & ADDRESS: **ALMA HAYS, RD #1  
NR. SMITHSBURG, MD.**

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4/17  
Immediate cause **ACUTE MYOCARDIAL INFARCTION**  
(a) DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH  
**1 DAY**

Antecedent cause(s)  
Diseases or conditions, if any, giving rise to the above cause  
stating underlying cause last **ARTERIO SCLEROTIC HEART DISEASE**  
(b) DUE TO  
(c)

**YRS**

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?  
Yes  No

21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH. **None** 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,  
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  
OF While at Not while  
INJURY M. work  at work

21f. HOW DID INJURY OCCUR?

DATE SIGNED  
**4-17-55**

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection  Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .  
SIGNATURE **Robert J. June**

CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

23. BURIAL, CREMATION,  
REMOVAL (Specify): **BURIAL** DATE THEREOF **APRIL 19, 1955** NAME OF CEMETERY OR CREMATORIAL **U. S. GARFIELD** LOCATION (City, town, or county) (State)  
**GARFIELD - FREDERICK, MD.**

DATE REC'D BY LOCAL REG. **APR 18, 1955** REG. **Eloy M. Bittle** REGISTRAR'S SIGNATURE **Paul F. Bittle, Myersville, Md.** 24. FUNERAL DIRECTOR ADDRESS

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3654

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Frederick

LENGTH OF STAY  
(in this place)  
Since 2/10/55HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

OO 708 North Market Street

3. NAME OF  
DECEASED:  
(Type or Print)

MARY

ELIZABETH

HILDEBRAND

(Last)

4. SEX:  
Female6. COLOR OR  
RACE:  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify).  
Widow8. DATE OF BIRTH:  
8 June 18704. DATE (Month) (Day) (Year)  
OF DEATH: April 20, 19559. AGE last birthday  
84 yrs.10. KIND OF BUSINESS  
OR INDUSTRY:  
Own Home11. BIRTHPLACE (State or foreign country):  
Maryland12. CITIZEN OF WHAT  
COUNTRY?  
USA10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): House-work

13. FATHER'S NAME:

Edward Stup

16. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)  
No

18. SOCIAL SECURITY NO.

None

17. INFORMANT &amp; ADDRESS:

W. Sherwood Hildebrand, RD#5, Frederick, Md

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE

(A)  
DUE TO

Carcinoma Stomach

INTERVAL BETWEEN  
ONSET AND DEATH

9 months

ANTECEDENT CAUSE (B)

(B)  
DUE TODISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Apr 20, 1955, that I last saw the deceased  
alive on April 19, 1955, and that death occurred at 3:20P M, from the causes and on the date stated above.  
SIGNATURE: *Sernard P. Thomas Jr.* ADDRESS: *M. D. Frederick, Maryland* DATE SIGNED: *22 April 1955*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BurialDATE THEREOF  
23 Apr 1955NAME OF CEMETERY OR CREMATORIUM  
Rocky Springs CemeteryLOCATION (City, town, or county) (State)  
Frederick County MarylandDATE REC'D BY LOCAL  
REGISTRAR  
22 April 1955

REGISTRAR'S SIGNATURE

*Elizabeth B. Heeks*

24. FUNERAL DIRECTOR

ADDRESS  
M. R. Etchison & Son, Frederick, Maryland

APR 25 1955

LIBRARY Y. S.

1955  
APR 25 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03650

3680

## CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN	Frederick MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Frederick	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Rural Mt. Airy Penn Shop Rd.	STREET ADDRESS	Rural - Mt. Airy (If rural give location) Penn Shop Rd.
3. NAME OF DECEASED: (Type or Print)	(First) Dollie	(Middle) D. Hilderbrand	4. DATE OF DEATH: April 11 1955
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: July 20, 1877
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Own Home	9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James W. Barrett		14. MOTHER'S MAIDEN NAME: Anna E. Harper	
15. WAS DECEASED EVER IN U.S. ARMEED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: ---	
17. INFORMANT & ADDRESS: Mrs John Phoebus, Mt. Airy, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.0 Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.		(a) Arteriosclerotic Heart Disease DUE TO  (b) Arteriosclerosis, Generalized DUE TO  (c)	
		Interval Between Onset And Death over 10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: —		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) SUICIDE HOMICIDE No		PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? ADDRESS
22. I hereby certify that I attended the deceased from 3/24/1955, to 4/11/1955, that I last saw the deceased alive on 4/11/1955, and that death occurred at 3:50 P.M. from the causes and on the date stated above. SIGNATURE (Degree or title) G. Boyce Clinic Damascus, Md. DATE SIGNED 4/13/55			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Apr. 14, 1955	NAME OF CEMETERY OR CREMATORIAL St. Pauls LOCATION (City, town, or county) Point of Rocks, Md. (State)
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Raymond J. Day	
		24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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13651  
Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <input checked="" type="checkbox"/> TOWN	FREDERICK RURAL - MT. AIRY	MARYLAND LENGTH OF STAY (in this place)	STATE MARYLAND COUNTY FREDERICK CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - MT. AIRY STREET ADDRESS RFD 4 (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ROUTE 4			
3. NAME OF DECEASED: (Type or Print)	(First) MILDRED	(Middle) ROSE	(Last) HOOOPER	
4. DATE OF DEATH	(Month) APRIL	(Day) 16	(Year) 1955	
5. SEX: <input checked="" type="checkbox"/> FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: 8-28-1885	
9. AGE last birthday: 69 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: AT HOME	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: JACOB STITELY	14. MOTHER'S MAIDEN NAME: ANNIE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> NO	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT & ADDRESS: HARRY A. STITELY, BROTHER, RFD 4, MT. AIRY, MD.		
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  331 X Immediate cause (a) CEREBRAL HEMORRHAGE DUE TO Antecedent cause(s) (b) DUE TO Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. <input checked="" type="checkbox"/> NONE	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY		21c. (City or town)	(County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE Robert J. Durie, CHIEF MEDICAL EXAMINER M. D. DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED ASSISTANT MEDICAL EXAM. 4-16-55				
23. BURIAL, CREMATION, REMOVAL (Specify): <input checked="" type="checkbox"/> BURIAL	DATE THEREOF 4-18-1955	NAME OF CEMETERY OR CREMATORIAL LOCATIONS (City, town, or county) Fred. Co. MARYLAND (State)		
DATE REC'D BY LOCAL REG'D 18. MARY 1955	REGISTRAR'S SIGNATURE Robert J. Durie	24. FUNERAL DIRECTOR ADDRESS G. M. Wall - Unified Md.		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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3682

## CERTIFICATE OF DEATH

Reg. Dist. No. 140

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Woodsboro</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		MARYLAND LENGTH OF STAY (in this place) <u>6 mo. 14 days</u> STATE <u>md</u> COUNTY <u>Frederick</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Woodsboro</u> STREET ADDRESS <u></u>	
3. NAME OF DECEASED: (Type or Print) <u>EDITH</u>		(First) <u>LILY</u>	(Middle) <u>KEENEY</u>
5. SEX: <u>F</u> 6. COLOR OR RACE: <u>w</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u></u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u></u>		10B. KIND OF BUSINESS OR INDUSTRY: <u></u>	
13. FATHER'S NAME: <u>Charles Luther Keeney</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service): <u></u>		16. SOCIAL SECURITY NO. <u></u>	
18. MEDICAL CERTIFICATION <b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b> 754.7 IMMEDIATE CAUSE <u>Congenital heart disease, type</u> ANTECEDENT CAUSE (S) <u>undetermined</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u></u>			
19A. DATE OF OPERATION: <u></u>		19B. MAJOR FINDINGS OF OPERATION <u>Dehydration &amp; malnutrition</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner): <u></u>		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u></u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>Mar 14 1955</u> to <u>13 April 1955</u> that I last saw the deceased alive on <u>14 March 1955</u> and that death occurred at <u>10:30 AM</u> , from the causes and on the date stated above. SIGNATURE <u>James L. Keeney Jr. MD</u> ADDRESS <u>Walkerville Md</u> DATE SIGNED <u>14 April 55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>4/15/55</u> NAME OF CEMETERY OR CREMATORIUM <u>Mt. Hope</u> LOCATION (City, town, or county) <u>Woodsboro</u> (State) <u>md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4/14/55</u>		REGISTRAR'S SIGNATURE <u>E.C. Powell</u> 24. FUNERAL DIRECTOR ADDRESS <u>J.C. Bartley, Walkerville, Md.</u>	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1803653

3684

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY	Frederick	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
<input checked="" type="checkbox"/> TOWN	Frederick-Rural RD#5	3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Shookstown	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Frederick
CITY (If outside corporate limits, write RURAL and give nearest town)			
<input checked="" type="checkbox"/> TOWN	Frederick		/
STREET ADDRESS	(If rural give location)		
718 Motter Avenue			/

3. NAME OF  
DECEASED:  
(Type or Print)

(First) MARY MILLER KEHNE

(Last)

4. DATE (Month)  
OF  
DEATH: April 25, 19555. SEX: 6. COLOR OR  
RACE: Female White7. SINGEE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Married

## 8. DATE OF BIRTH: 24 March 1892

## 9. AGE last birthday 63

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): House-wife10B. KIND OF BUSINESS  
OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT  
COUNTRY? USA

## 13. FATHER'S NAME: Amos Strausbaugh

## 14. MOTHER'S MAIDEN NAME: Rose Lease

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

## 16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: 718 Motter Ave.,  
Dallas W. Kehne, Sr., Frederick, Md.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0  
IMMEDIATE CAUSE

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

## 21F. HOW DID INJURY OCCUR?

## M.

## 22. I hereby certify that I attended the deceased from 5 apr, 1955, to 25 Apr, 1955, that I last saw the deceased

## alive on 25 Apr, 1955, and that death occurred at 3 P M, from the causes and on the date stated above.

## SIGNATURE

## ADDRESS

## DATE SIGNED

## M. D. Frederick, Maryland 26 April 1955

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIUM

## LOCATION (City, town, or county) (State)

## Burial

## Apr. 28, 1955

## Mount Olivet Cemetery

## Frederick, Maryland

DATE REC'D BY LOCAL  
REGISTRAR

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

## Elizabeth L. Herb.

## M. R. Etchison &amp; Son, Frederick, Maryland

S.A. 000000

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107

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
3685 CERTIFICATE OF DEATH

(13654)

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick MARYLAND LENGTH OF STAY OR (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-R.D.#4 Years		STATE Maryland COUNTY Frederick OR (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick R.D.#4-Rural X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Willis Derr Road		STREET ADDRESS Willis Derr Road			
3. NAME OF DECEASED: (First) HESTER (Middle) ANNIE (Last) KEMP		4. DATE (Month) (Day) (Year) OF DEATH: April 26, 1955			
5. SEX: Female RACE: White 6. COLOR OR RACE: White 7. MARRIED, WIDOWED, DIVORCED. (Specify): Married		8. DATE OF BIRTH: May 7, 1886 9. AGE last birthday 68 IF UNDER 1 YEAR yrs. Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: Home			
13. FATHER'S NAME: James A. Taylor		14. MOTHER'S MAIDEN NAME: Ida Stockman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT & ADDRESS: Charles W. Kemp, Frederick, R.D.#4, Md.		18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE (A) Due to 420.0 ANTECEDENT CAUSE (B) Due to _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) _____  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH In 1 month	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/16, 1955, to 4/26, 1955, that I last saw the deceased alive on 4/16, 1955, and that death occurred at 10:10 M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED M. D. Frederick, Maryland 4/28/1955					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Apr. 29, 1955		NAME OF CEMETERY OR CREMATORIUM St. Luke's Cemetery	
DATE REC'D BY LOCAL REGISTRAR REGISTRAR 29 April 1955		REGISTRAR'S SIGNATURE Elizabeth Y. Heub.		LOCATION (City, town, or county) (State) Feagaville, Maryland	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland				ADDRESS	

39. ~~W~~  
C. O. N.  
P. 15.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03655

3696

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY	Frederick	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
TOWN	Buckeystown	10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS		

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Frederick
CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN Buckeystown	
STREET ADDRESS (If rural give location)			

## 3. NAME OF DECEASED: (First) Margaret (Middle) Louise (Last) Lee

4. DATE OF DEATH: April 11 1955

5. SEX: Female S. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married 8. DATE OF BIRTH: 4-10-1884 9. AGE last birthday: 71 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: Own Home 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

## 13. FATHER'S NAME:

Augustus Wilson

## 14. MOTHER'S MAIDEN NAME:

Annie Barnum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.:

None

## 17. INFORMANT &amp; ADDRESS:

J. Tyson Lee-(Son) Urbana- Maryland

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause

(a)  
DUE TO

Ventricular Fibrillation (?)

Interval Between  
Onset And DeathAntecedent causes (s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.(b)  
DUE TOArterio-Sclerotic heart dis. w/ auricular  
FibrillationSame  
7 year

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Cerebral and pulmonary emboli

1 month

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?

OF INJURY m. While at Not While Work  At Work 

ADDRESS

DATE SIGNED

22. I hereby certify that I attended the deceased from 4:10 p.m., 1947, to 11 April, 1955, that I last saw the deceased

alive on 9 April, 1955, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

Charles H. Conley, Jr. M.D. Frederick Maryland 12 April 1955.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

Burial 4-12-1955 Carrollton Manor Cemetery Nr. Buckeystown- Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

12 April 1955 Elizabeth G. Heek. C.E.Cline and Son- Frederick- Maryland

S A O N D I

5 . . .

{ P d M }

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03655

3655

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

County Frederick

Maryland

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN

Hospital or  
Institution or  
Street AddressFrederick  
Fredk. Memorial HospitalLength of Stay  
(in this place)  
1 week

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

State Md

County Frederick

City (If outside corporate limits, write RURAL and give nearest town)

OR  
TOWNStreet  
Address

Thurmont

(If rural give location)

3. NAME OF  
DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

Edgar Russell Lewis

## 4. SEX:

Male

5. COLOR OR  
RACE:

White

6. SINGLE, MARRIED,  
WIDOWED, DIVORCED,

(Specify):

Married Apr. 17. 1892

7. DATE OF BIRTH:

Apr. 17. 1892

8. DATE  
OF  
DEATH: Apr. 19. 19559. AGE last birthday: If UNDER 1 YEAR If UNOFF 24 HRS.  
Months Days Hours Min.

63

10a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired

Orchardist

10b. KIND OF BUSINESS OR  
INDUSTRY:

Apples-Peaches

11. BIRTHPLACE (State or foreign country):

Frederick CO. MD

12. CITIZEN OF WHAT  
COUNTRY?

U.S.A.

## 13. FATHER'S NAME:

J Hooker Lewis

## 14. MOTHER'S MAIDEN NAME:

Laura V. Kelbaugh

15. WAS DECEASED EVER IN U.S. ARMEED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)

No

16. SOCIAL SECURITY NO.:

No 215-20-7863

17. INFORMANT &amp; ADDRESS:

Donald L. Lewis Thurmont Md

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

445

Immediate cause

(a) ...  
DUE TO

Nephrosclerosis.

Antecedent causes(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.(b) ...  
DUE TO

Hypertension Cardiomuscular Disease

(c) ...  
DUE TO

Congestive Heart Failure

Interval Between  
Onset And Death

2 years

2 years

1 month

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
or office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURYINJURY OCCURRED  
While at Work  Not While At Work 

HOW DID INJURY OCCUR?

m.

n.

p.m.

a.m.

p.m.

Y. S.

APR 25 1955

123 E 21st St  
New York 10010

3658

03657

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

## 1. PLACE OF DEATH:

COUNTY **FREDERICK**

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
~~Frederick~~LENGTH OF STAY  
(In this place)  
**16 yrs.**HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS **115 W. FIFTH ST.**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **MARYLAND** COUNTY **FREDERICK**CITY (If outside corporate limits write RURAL and give nearest town)  
~~Frederick~~STREET  
ADDRESS **115 W. FIFTH ST.**  
(If rural, give location)3. NAME OF  
DECEASED:  
(Type or Print)(First) **CALVIN** (Middle) **(NONE)** (Last) **LIDIE**4. DATE  
OF  
DEATH **APRIL 4, 1955**

## 5. SEX:

6. COLOR OR  
RACE: **MALE** **WHITE** 7. SPOUSE MARRIED,  
WIDOWED, DIVORCED,  
(Specify): **WIDOWER**8. DATE OF BIRTH: **JULY 14, 1902**9. AGE last birthday: **52** yrs. IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of work life  
even if retired): **TRUCK DRIVER**10b. KIND OF BUSINESS OR  
INDUSTRY: **CITY**11. BIRTHPLACE (State or foreign country): **MARYLAND** 12. CITIZEN OF WHAT  
COUNTRY: **USA**

## 13. FATHER'S NAME:

**COLEMAN J. LIDIE, SR.**

## 14. MOTHER'S MAIDEN NAME:

**SALLY MORRISON**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)  
**YES** **US NAVY 1919**16. SOCIAL SECURITY NO.: **217-10-9804**17. INFORMANT & ADDRESS: **COLEMAN J. LIDIE, JR., BROTHER**  
**208 S. CARROLL ST., FREDERICK, MD.**

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH  
**MINS.**

## Immediate cause

(a) **SHOT GUN WOUND OF CHEST**  
DUE TO

## Antecedent cause(s)

Diseases or conditions, if any, (b)...  
giving rise to the above cause DUE TO  
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY **APRIL 4, 1955** **Ca 8PM**21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY **HOME**)21e. INJURY OCCURRED  
While at Not while  
work  at work 

21c. (City or town)

(County)

(State)

**FREDERICK - FREDERICK - MARYLAND**

21f. HOW DID INJURY OCCUR?

**SITOT SELF - DESPONDENT-SUICIDE NOTE**22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .  
SIGNATURECHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.DATE SIGNED  
**April 7, 1955**23. BURIAL, CREMATION,  
REMOVAL (Specify):  
**Burial**DATE THEREOF **April 9, 1955** NAME OF CEMETERY OR CREMATORIAL **Mount Olivet Cemetery** LOCATION (City, town, or county) (State)  
**Maryland**

DATE REC'D BY LOCAL

REG. **April 1955** REG. **Elinor L. Herb** REG. **C. E. Cline & Son - 8 East Patrick Street** REG. **Frederick, Maryland**REG. **24. FUNERAL DIRECTOR**

ADDRESS



3657

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY FR D PICK

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

TOWN FR D PICK

LENGTH OF STAY  
(in this place)  
15, Yrs.HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

HOME FOR THE AGED

90

3. NAME OF  
DECEASED:  
(First)  
(Type or Print)(Middle)  
S R H H C RD M YNARD

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYL'D

COUNTY FR D PICK

CITY (If outside corporate limits, write RURAL, and give nearest town)

TOWN FR D PICK

STREET  
ADDRESS(If rural give location)  
115, RECORD, ST.

4. SEX:

5. COLOR OR  
RACE:6. 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): S8. DATE OF BIRTH:  
JULY 3, 188010a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired): P. H., Nurse10b. KIND OF BUSINESS OR  
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Frederick County Maryland

13. FATHER'S NAME:

Howard G. Maynard

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT &amp; ADDRESS:

Records of HOME FOR THE AGED FR D P.C., MD.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X  
Immediate cause

(a) DUE TO

Probable Carcinoma of Stomach

Interval Between  
Onset And Death  
6-8 mos.

## Antecedent causes (s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.

(b) DUE TO

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes  No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,  
SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  
OF While at Not While  
INJURY m. Work  At Work  HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1955, to 14 Apr 1955, that I last saw the deceased

alive on 14 Apr 1955, and that death occurred at 12 Noon, from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles A. Conley, M.D. Frederick, Md. 4/15/55

23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Cremation APR 17, 1955, GE R HILL CEM. TORY PRINCE GEORGES COUNTY, MD.

DATE RECD BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

Elizabeth J. Hecks ROBERT E. MITTY FR D P.C., MD.

15 April 1955

BUREAU V. S.

APR 15 19

15

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3687

## CERTIFICATE OF DEATH

04650

Reg. Dist. No. 13

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN Frederick-Rural-R.D.#6

Years

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

Bartonsville

3. NAME OF  
DECEASED:  
(Type or Print) ROY

(First) (Middle)

(Last)

4. SEX: Male RACE: White

6. COLOR OR  
RACE: 7. SINGLE. MARRIED.  
WIDOWED. DIVORCED.  
(Specify): Single8. DATE OF BIRTH:  
March 13, 18784. DATE (Month) (Day) (Year)  
OF DEATH: April 28, 195510A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired.)10B. KIND OF BUSINESS  
OR INDUSTRY:

General Mds. Store

Owner

9. AGE last birthday: IF UNDER 1 YEAR Months Days Hours Min.

77

yrs.

Months

Days

Hours

Min.

13. FATHER'S NAME:

Charles Mealey

14. MOTHER'S MAIDEN NAME:

Catherine Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT &amp; ADDRESS:

Miss Bertha Lare, Frederick, R.D.#6, Md.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A) DUE TO

INTERVAL BETWEEN  
INSET AND DEATH

ANTECEDENT CAUSE (S)

(B) DUE TO

Discon

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

week

Ostrich Schistic Heart  
Cardiac Decompensation.II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while  
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 18, 1955 to Apr. 28, 1955 that I last saw the deceased  
alive on Apr. 25, 1955 and that death occurred at 1:30AM, from the causes and on the date stated above.  
SIGNATURE *M. J. Steiner*

ADDRESS Frederick, Maryland DATE SIGNED 4/29/1955

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial

Apr. 30, 1955

Mount Olivet Cemetery

Frederick,

Maryland

DATE REC'D BY LOCAL  
REGISTRAR

29 April 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Lucian R. Falconer

M. R. Etchison &amp; Son, Frederick, Maryland

BUREAU V. 6

MAY 22 1965

U.S. GOVERNMENT  
PRINTING OFFICE

03659

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3653

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

CITY (If outside corporate limits, write RURAL  
OR  
and give nearest town)

TOWN Frederick

MARYLAND

LENGTH OF STAY  
(in this place)  
YearsHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS 326 Park Avenue3. NAME OF  
DECEASED:  
(First)  
(Type or Print) ROY(Middle)  
CLEVELAND(Last)  
MICHAEL4. SEX:  
Male RACE: White6. COLOR OR  
RACE:  
7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Married8. DATE OF BIRTH:  
15 June 18814. DATE (Month)  
OF  
DEATH: April 19,  
(Year) 195510A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired). Retired Farmer10B. KIND OF BUSINESS  
OR INDUSTRY:  
Farm Owner9. AGE last birthday  
73 yrs  
IF UNDER 1 YEAR  
Months Days Hours Min.13. FATHER'S NAME:  
Frederick A. Michael15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No16. SOCIAL SECURITY NO.  
214-10-388911. BIRTHPLACE (State or foreign country): Maryland  
12. CITIZEN OF WHAT  
COUNTRY?  
USA17. INFORMANT & ADDRESS:  
Russell L. Michael, Frederick, Md.18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH332X  
IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.20. AUTOPSY?  
YES  NO 

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING  
OR CONTRIBUTING CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

M

22. I hereby certify that I attended the deceased from April 10, 1955, to April 19, 1955, that I last saw the deceased

alive on April 19, 1955, and that death occurred at 6 A

SIGNATURE

Burial

DATE REC'D BY LOCAL  
REGISTRAR

19 April 1955

DATE THEREOF

21 April 1955

NAME OF CEMETERY OR CREMATORIUM

Mount Olivet Cemetery

LOCATION (City, town, or county)

Frederick, Maryland

(State)

ADDRESS

M. R. Etchison &amp; Son, Frederick, Maryland

Elizabeth B. Heck.

REGISTRAR'S SIGNATURE

Elizabet B. Heck.

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison &amp; Son, Frederick, Maryland

BUREAU Y.

1000

03660

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3659

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR  
and give nearest town)

TOWN Frederick

LENGTH OF STAY  
(in this place)  
67 YearsHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS Frederick Memorial Hospital3. NAME OF  
DECEASED:  
(Type or Print)

EDWARD

WASHINGTON

MILLER

5. SEX  
Male6. COLOR OR  
RACE:  
White7. STATUS MARRIED:  
WIDOWED, DIVORCED,  
(Specify): Widowed8. DATE OF BIRTH:  
24 Oct 18674. DATE (Month)  
OF  
DEATH: April 22,  
19559. AGE last birthday  
87  
yrs.10. IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Retired Salesman10B. KIND OF BUSINESS  
OR INDUSTRY:  
Fertilizer Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT  
COUNTRY?  
USA

## 13. FATHER'S NAME:

John L. Miller

## 14. MOTHER'S MAIDEN NAME:

Julia E. Shawn

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, No, or unk.) (If Yes, give war or dates  
of service) No16. SOCIAL SECURITY NO.  
None17. INFORMANT & ADDRESS: 32 E. 3rd St.,  
Miss Elva Earle Miller, Frederick, Md.

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH(A)  
DUE TO

Congestive Heart failure

1 week

(B)  
DUE TO

Anterior aortic Heart Disease

? yrs.

(C)

Kremeria and diabetes mellitus

? yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION:

## 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1955, to 4/22, 1955, that I last saw the deceased  
alive on 4/22, 1955, and that death occurred at 9:30 P.M., from the causes and on the date stated above.  
SIGNATURE: *Henry V. Chase* ADDRESS: *Frederick, Maryland* DATE SIGNED: *25 April 1955*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BurialDATE THEREOF  
25 April 1955NAME OF CEMETERY OR CREMATORIUM  
Mount Olivet CemeteryLOCATION (City, town, or county)  
(State)  
Frederick, MarylandDATE REC'D BY LOCAL  
REGISTRARREGISTRAR'S SIGNATURE  
*Elizabeth G. Hack*

24. FUNERAL DIRECTOR

ADDRESS

M. R. Etchison &amp; Son, Frederick, Maryland

BUREAU V. S.

APR

PAGE ONE

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

367:

03661

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 141.....

1. PLACE OF DEATH:

COUNTY	<b>Frederick</b>	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)
TOWN	<b>35 Brunswick</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		
<b>West "B" St. at Dayton St.</b>		

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	<b>Maryland</b>	COUNTY	<b>Frederick</b>
CITY (If outside corporate limits write RURAL and give nearest town)		OR TOWN	<b>Brunswick</b>
STREET ADDRESS	(If rural, give location)		
<b>West "B" St. at Dayton St.</b>			

3. NAME OF DECEASED: (First) (Middle) (Last)

**Charles Leslie Moats**

4. DATE (Month) (Day) (Year) OF DEATH

**April 23, 1955**

5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

**Male White Widowed**

8. DATE OF BIRTH:

**8-20-1883**

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

**71 yrs. Months Days Hours Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

**Brakeman**

10b. KIND OF BUSINESS OR INDUSTRY:

**Railroad**

11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?

**Maryland**

13. FATHER'S NAME:

**John Moats**

14. MOTHER'S MAIDEN NAME:

**Alice V. Cline**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.:

**705-05-7925**

17. INFORMANT & ADDRESS:

**Douglas A. Moats, Silver Spring, Md.**

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

**181 X**  
Immediate cause

(a) **Shotgun wound of chest**  
DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH  
Mins.

Antecedent cause(s)

Diseases or conditions, if any, (b).  
giving rise to the above cause DUE TO  
stating underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?  
**Yes**  **No**

21a. EXTERNAL CAUSE WAS PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.)  
OF INJURY **Home**

21c. (City or town)  
**Brunswick - Frederick - Maryland**  
(County)  
(State)

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  
OF INJURY **April 23, 1955 10 am** While at Not while  
work  at work

21f. HOW DID INJURY OCCUR?  
**Shot by unknown person, shotgun**

22. I hereby certify that I took charge of the remains described above, held an Autopsy  Inspection  Inquiry  , and find that death resulted from: Natural causes  Accident  Suicide  Homicide  Undetermined cause  .  
SIGNATURE *Robert J. Furie*

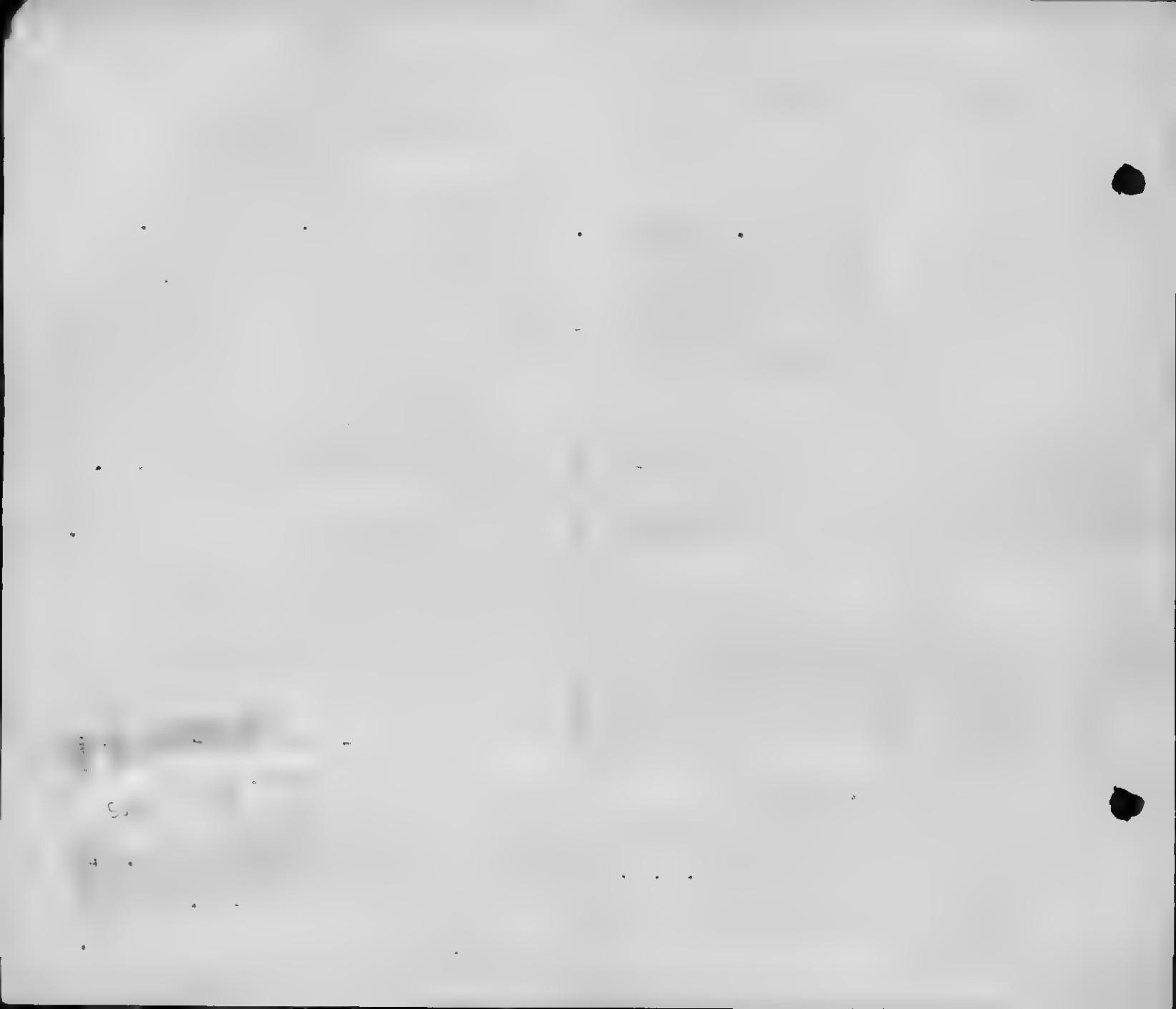
CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

DATE SIGNED  
**4-25-55**

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL  
REMOVAL **Burial 4-26-55 Reformed** LOCATION (City, town, or county) (State)  
**Knoxville, Md.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
**Apr 26-55 Patricia N. Brown**

24. FUNERAL DIRECTOR ADDRESS  
**C.H. Feete and Bro. Brunswick, Md.**



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03662

3660

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

## 1. PLACE OF DEATH:

COUNTY Frederick

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Frederick

MARYLAND

LENGTH OF STAY  
(in this place)  
YearsHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

433 West Patrick Street

3. NAME OF  
DECEASED:  
(Type or Print)

(First) FLORENCE

(Middle) MARGARET

(Last) OLDFIELD

5. SEX:

Female White

6. COLOR OR  
RACE:7. SPOUSE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Widow

8. DATE OF BIRTH:

July 22, 1911

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Frederick

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN FrederickSTREET  
ADDRESS

(If rural give location)

433 West Patrick Street

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired)

Laborer

10B. KIND OF BUSINESS  
OR INDUSTRY:

Laundry

4. DATE (Month) (Day) (Year)  
OF DEATH: April 20, 19559. AGE last birthday  
IF UNDER 1 YEAR  
Months Days Hours Min.

43

yrs

Hours

Min.

## 13. FATHER'S NAME:

William C. Smith

## 14. MOTHER'S MAIDEN NAME:

Florene R. Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

## 16. SOCIAL SECURITY NO

579-30-1784

## 17. INFORMANT &amp; ADDRESS:

433 West Patrick St.

Mrs. Florence R. Eyler, Frederick, Maryland

INTERVAL BETWEEN  
ONSET AND DEATH

3 years

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)  
DUE TO

arteriosclerotic heart disease

## ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(B)  
DUE TO

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-29, 1953, to 4-18, 1955, that I last saw the deceased  
alive on 4-18, 1955, and that death occurred at 2:30 P.M. from the causes and on the date stated above.  
SIGNATURE *Betty Martin* ADDRESS *Frederick, Maryland* DATE SIGNED *4/21/1955*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL  
REGISTRAR

21 April 1955

REGISTRAR'S SIGNATURE

*Elizabeth B. Heek.*

24. FUNERAL DIRECTOR

M. R. Etchison &amp; Son, Frederick, Maryland

RECEIVED

DR 22 1955

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3661

03663

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(In this place)

TOWN Frederick

Years

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

09 112 East Street

3. NAME OF  
DECEASED:  
(Type or Print)

(First) MARTHA

(Middle) BEANER

(Last) PALMER

5. SEX:

6. COLOR OR  
RACE:

Female Colored

7. SPOUSE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Widow

8. DATE OF BIRTH:

February 11, 1889

9. AGE last birthday

66 yrs

10. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):10B. KIND OF BUSINESS  
OR INDUSTRY:

Housework

Home

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT  
COUNTRY?

USA

13. FATHER'S NAME:

Vincent Beaner

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

16. SOCIAL SECURITY NO.

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9

IMMEDIATE CAUSE

(A)  
DUE TO

Bronchopneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSE (B)

(B)  
DUE TO

Acute Pyelonephritis

2 weeks

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

Carcinomatosis

1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory  
OF INJURY street, office bldg., etc.)21c. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21e. INJURY OCCURRED  
While  Not while   
at work  at work 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14 1955, to 18 April 1955, that I last saw the deceased alive on 18 Apr. 1955, and that death occurred at 2:30 AM, from the causes and on the date stated above.  
SIGNATURE

M. D. Frederick, Maryland

4/18/1955

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REGISTRAR

19 April 1955

REGISTRAR'S SIGNATURE

Elizabeth L. Heck

24. FUNERAL DIRECTOR

M. R. Etchison &amp; Son, Frederick, Maryland

Y. A. S.

8.00 205

1000

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03664

## 3688 CERTIFICATE OF DEATH

Reg. Dist. No. 131 . . .

## 1. PLACE OF DEATH:

COUNTY	Frederick	MARYLAND
<input checked="" type="checkbox"/> (If outside corporate limits, write RURAL OR TOWN and give nearest town)		LENGTH OF STAY (In this place)
Adamstown-Rural R.D.#1,		4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Near Doubs	

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Frederick
<input checked="" type="checkbox"/> If outside corporate limits, write RURAL and give nearest town)			
TOWN	Adamstown-Rural R.D.#1,		X
STREET ADDRESS		(If rural give location)	

3. NAME OF  
DECEASED:  
(Type or Print)

(First) WILLIAM PHILIP

(Last) RANNEBERGER

4. DATE (Month) (Day) (Year)  
OF DEATH: April 1, 1955

5. SEX: Male

6. COLOR OR  
RACE: White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Widower

8. DATE OF BIRTH: May 24, 1867

9. AGE last birthday  
87 yrsIF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Tenant10B. KIND OF BUSINESS  
OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT  
COUNTRY? USA

## 13. FATHER'S NAME:

Robert S. Ranneberger

## 14. MOTHER'S MAIDEN NAME:

Virginia Eader

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) No(If Yes, give war or dates  
of service) No

16. SOCIAL SECURITY NO. None

## 17. INFORMANT &amp; ADDRESS:

Mrs. Elizabeth Hickman, Adamstown R.D.#1, Md.

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

## (A) DUE TO

Acute congestive failure

INTERVAL BETWEEN  
ONSET AND DEATH

24 hours

ANTECEDENT CAUSE (S)

## (B) DUE TO

Arterio-Sclerotic heart dis./w  
intermittent failure

2 1/2 yrs.

## (C)

Cerebral Thrombosis

3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory, street, office bldg., etc.)  
OF INJURY21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

## 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

, 1951, to April , 1955, that I last saw the deceased

alive on April , 1955, and that death occurred at 11:20 A.M. from the causes and on the date stated above.

SIGNATURE

Charles H. Briley

ADDRESS

DATE SIGNED

M.D.

Frederick, Maryland

4/3/1955

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BurialDATE THEREOF  
April 14, 1955

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Mount Olivet Cemetery

Frederick, Maryland

DATE REC'D BY LOCAL  
REGISTRAR

4 April 1955

REGISTRAR'S SIGNATURE

Elizabeth S. Heib.

## 24. FUNERAL DIRECTOR

## ADDRESS

M. R. Etchison &amp; Son, Frederick, Maryland

11 APR 1968

APR

11 APR 1968

3662

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (in this place)  
Frederick 3 weeks

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS Fred. Mem. Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Fre.  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Rural Frederick  
 STREET ADDRESS

3. NAME OF  
 DECEASED:  
 (First)

(Middle)

(Last)

4. DATE  
 OF  
 DEATH:

4

8

1955

## 5. SEX:

6. COLOR OR  
 RACE: male white

7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED.  
 (Specify): widowed

## 8. DATE OF BIRTH:

8-19-1877

## 9. AGE last birthday:

77

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION Give kind of  
 work done during most of working life,  
 even if retired):nightman, ret.10b. KIND OF BUSINESS OR  
 INDUSTRY:watchman

## 11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF WHAT  
 COUNTRY?U.S.A.

## 13. FATHER'S NAME:

Marion F. Riddlemosier

## 14. MOTHER'S MAIDEN NAME:

Margaret Smith15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
 (Yes, no, or unk.)

(If Yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.:

218-24-1959

## 17. INFORMANT &amp; ADDRESS:

Charles E. Riddlemosier, Frederick, Md.Interval Between  
 Onset And Death

## 18. MEDICAL CERTIFICATION

420.0  
 Immediate cause

(a) DUE TO

Congestive heart failureAntecedent causes (s)  
 Diseases or conditions, if any,  
 giving rise to the above cause  
 stating the underlying cause last.

(b) DUE TO

arteriosclerotic heart disease

(c)

1 month

5 yrs +

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
 related to the disease or condition causing death.Chronic Bronchitis

10 yrs +

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 21. ACCIDENT  
 SUICIDE  
 HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
 of office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year)  
 OF  
 INJURY

m.

INJURY OCCURRED  
 While at Work  Not While At Work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21/1955, to 4/18/1955, that I last saw the deceasedalive on 4/8/1955, and that death occurred at 9:44 AM, from the causes and on the date stated above.  
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DATE SIGNED

23. BURIAL, CREMATION,  
 REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial  
 DATE REC'D BY LOCAL  
 REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

11 April 1955

Elizabeth G. Heck

Gladhill Co.

Middletown, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03666

## 3663 CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN Frederick

3 MO

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS Frederick Mem. Hospital3. NAME OF  
DECEASED:  
(First)  
(Type or Print)

Sarah

(Middle) Elizabeth

(Last) Ridenour

5. SEX:  
Female6. COLOR OR  
RACE: White7. SINGLE MARRIED,  
WIDOWED, DIVORCED  
(Specify) Married8. DATE OF BIRTH:  
April 8th. 19044. DATE  
OF  
DEATH: April 13  
(Month)  
(Day)1955  
(Year)10. USUAL OCCUPATION Give kind of  
work done during most of working life,  
even if retired Housewife10b. KIND OF BUSINESS OR  
INDUSTRY: Own Home11. BIRTHPLACE (State or foreign country):  
Thurmont R.D. Fredk Co.12. CITIZEN OF WHAT  
COUNTRY? U.S.A

## 13. FATHER'S NAME:

Charles H. Grable

## 14. MOTHER'S MAIDEN NAME:

Harriette Ann Mumford

15. WAS DECEASED EVER IN U.S ARMED FORCES?  
(Yes, no, or N.O.K.) (If Yes, give rank and dates of  
service) No

16. SOCIAL SECURITY NO.: 219-14-9487

17. INFORMANT & ADDRESS:  
Guy A. Ridenour Thurmont R.D. Md

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X  
Immediate cause(a) Due to Multiple emboli (arterial) to brain, arm,  
legs with gangreneInterval Between  
Onset And Death  
2-3 monthsAntecedent causes (s)  
Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last.(b) Due to Rheumatic heart disease with auricular  
fibrillation and failure

10 yrs +.

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes  No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,  
SUICIDE of office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?  
OF INJURY m. While at Not While  
INJURY Work  At Work 22. I hereby certify that I attended the deceased from 3/1/1955, to 4/13/1955, that I last saw the deceased  
alive on 4/13/1955, and that death occurred at 9:20 PM, from the causes and on the date stated above.  
SIGNATURE (Degree or title) ADDRESS DATE SIGNED23. BURIAL, Cremation, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)  
REMOVAL (Specify) Apr. 17th. 1955 United Brethren Cem. Thurmont Fredk Co. MDDATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS  
Elizabeth B. Heck M.L.Creager & Son Thurmont. MD

16 April 1955

BUENOS AIRES

APR

1945

3689

03667

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <input checked="" type="checkbox"/> TOWN	FREDERICK	MARYLAND CITY OR TOWN	MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) RURAL - FREDERICK		LENGTH OF STAY (in this place) LIFE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS MT. PHILIP ROAD		STREET ADDRESS 118 S. JEFFERSON ST.	
(First) CORNELIUS		(Middle) HENRY	(Last) ROBERTS
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) APRIL 1, 1955	
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: July 30, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farm		10b. KIND OF BUSINESS OR INDUSTRY: Owner	11. BIRTHPLACE (State or foreign country): Maryland
13. FATHER'S NAME: Henry Roberts		14. MOTHER'S MAIDEN NAME: Cordelia Summers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 214-32-2619	17. INFORMANT & ADDRESS: 118 South Jefferson St. Mrs. Edna S. Roberts, Frederick, Maryland
18. MEDICAL CERTIFICATION  974X Immediate cause (a) STRANGULATION BY HANGING Antecedent cause(s) (b) ... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c) ...  INTERVAL BETWEEN ONSET AND DEATH ca. 30'			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OF CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY FARM	21c. (City or town) (County) NR. FREDERICK - FREDERICK - MD.	(State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY APRIL 1, 1955 6:1 PM	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? HUNG SELF IN PIG PEN ON FARM	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE Robert J. June,			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF April 4, 1955	NAME OF CEMETERY OR CREMATORIAL Luther Cemetery	LOCATION (City, town, or county) Middletown, Maryland (State)
DATE REC'D BY LOCAL REG. April 12, 1955	REGISTRAR'S SIGNATURE Elizabell S. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS ADDRESSEES

4

3664

03668  
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 131

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

## 1. PLACE OF DEATH:

COUNTY FREDERICK

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR  
and give nearest town)

FREDERICK

LENGTH OF STAY  
(in this place)

6 HRS.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS ODD FELLOWS HOME BLDG.

## 3. NAME OF

(First) ABORDEEN (Middle) DUNN

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY FREDERICK

CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN

FREDERICK

STREET  
ADDRESS (If rural, give location)

26 W. SIXTH ST.

## 4. DATE

(Month) (Day) (Year)  
OF DEATH APRIL 18, 1955

## 5. SEX:

6. COLOR OR

RACE: MALE NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED

(Specify): MARRIED

8. DATE OF BIRTH:

10a. USUAL OCCUPATION (Give kind of work done during most of work life)

JANITOR LABORER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

YORK - PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

yes

16. SOCIAL SECURITY NO.: W.W.I

17. INFORMANT &amp; ADDRESS:

217-10-0261 Josephine M. Robinson 13 W. 5<sup>th</sup> St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

20.0

Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any,

giving rise to the above cause

stating underlying cause last

(c)

ARTERIOSCLEROTIC HEART DISEASE

YRS.

INTERVAL BETWEEN  
ONSET AND DEATH  
MINS.20. AUTOPSY?  
Yes  No 

(State)

21a. EXTERNAL CAUSE WAS PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH: NONE

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,

INJURY)

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21e. INJURY OCCURRED While at Not while

M. work  at work 

21f. HOW DID INJURY OCCUR?

RECEIVED  
APR 22 1955

Library

## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3690

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg'd Bldg No. 13669

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

COUNTY **FREDERICK**

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
**TOWN RURAL - SABILLASVILLE**LENGTH OF STAY  
(In this place)  
**LIFE**HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)**ALLEN****RUSSELL****SMITH**4. DATE  
(Month) (Day) (Year)  
**APRIL 2, 1955**5. SEX:  
**MALE**6. COLOR OR  
RACE:  
**WHITE**7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)  
**Widowed**8. DATE OF BIRTH:  
**Nov. 12 1896**9. AGE last birthday:  
**58**IF UNDER 1 YEAR  
yrs. Months Days Hours Min.  
**0 0 0 0**10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired)  
**Carpenter**10b. KIND OF BUSINESS OR  
INDUSTRY:  
**Construction**11. BIRTHPLACE (State or foreign country):  
**Maryland**12. CITIZEN OF WHAT  
COUNTRY?  
**U.S.A.**

## 13. FATHER'S NAME:

**Lewis Smith**

## 14. MOTHER'S MAIDEN NAME:

**Emma Unknown**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)  
**No**16. SOCIAL SECURITY NO.:  
**198-01-5802**17. INFORMANT & ADDRESS:  
**Allen F. Smith Frederick R.D. Md**

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

**776 X**  
Immediate cause

(a) DUE TO

**GUNSHOT WOUND OF HEAD**INTERVAL BETWEEN  
ONSET AND DEATH  
**IN 81.**

## Antecedent cause(s)

Diseases or conditions, if any, (b)...  
giving rise to the above cause DUE TO  
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

28. AUTOPSY?  
Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY **April 2, 1955 Noon**21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY21e. INJURY OCCURRED  
While at Not while  
work  at work 21c. (City or town,  
(County)**NR. SABILLASVILLE - FREDERICK - MD.**

(State)

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , andfind that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

*Robert J. Janie,*CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

DATE SIGNED

**Apr. 3, 1955**23. BURIAL, CREMATION,  
REMOVAL (Specify):  
**Burial**DATE THEREOF  
**April 5th, 1955**NAME OF CEMETERY OR CREMATORIAL  
**Bethel Church of God. Cascade. Fredk Co. MD**LOCATION (City, town, or county) (State)  
**Frederick Co. MD**DATE REC'D BY LOCAL  
REG. **4/5/55**REGISTRAR'S SIGNATURE  
*J. B. Lyon*24. FUNERAL DIRECTOR  
**M.L.Creager & Son. Thurmont. Md**

ADDRESS

APR 7 1925

125

## 3691 CERTIFICATE OF DEATH

Reg. Dist. No. 81

## 1. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN Woodstock Rural LENGTH OF STAY (in this place)

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

Woodstock Hospital Years  
near Johnsonville

3. NAME OF  
DECEASED: (First) (Middle) (Last)

(Type or Print) MARY ELIZABETH STONER

4. DATE OF  
DEATH: (Month) (Day) (Year)

April 10 1955

5. SEX: 6. COLOR OR  
RACE: 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):

8. DATE OF BIRTH: 12/10/1871

9. AGE last birthday: If UNDER 1 YEAR  
83 yrs. Months Days Hours Min.

If UNDER 24 HRS

Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of  
work done during most of working life,  
(Even if retired)

10b. KIND OF BUSINESS OR  
INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT  
COUNTRY?: U.S.

13. FATHER'S NAME:

Adam Fuss

14. MOTHER'S MAIDEN NAME:

Elizabeth Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS:

J.R. Stoner, Woodstock Rural Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO

Antecedent causes (s) (b) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

2. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes  No

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)

SUICIDE (Specify) OF office bldg., etc.)

HOMICIDE INJURY

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED

OF INJURY m. While at Not While

INJURY Work  At Work

HOW DID INJURY OCCUR?

m.

12. I hereby certify that I attended the deceased from

1955 to 1955 that I last saw the deceased

1955, and that death occurred at

(Degree of title) ADDRESS DATE SIGNED

13. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

REMOVAL (Specify)

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR

14. FUNERAL DIRECTOR ADDRESS

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W. S.

APR 12 1971

03671

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3665

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)  
30 Years

TOWN Frederick

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

708 North Market Street

3. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

ANNIE KATE SWOMLEY

5. SEX: Female

6. COLOR OR  
RACE: White7. SINGL<sup>E</sup>, MARRIED,  
WIDOWED, DIVORCED.  
(Specify): Widow10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired.)

Housework

13. FATHER'S NAME:

William Henry Kemp

18. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) No

19. SOCIAL SECURITY NO.

None

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A)  
DUE TO

Bronchial Thrombosis

ANTECEDENT CAUSE (S)

(B)  
DUE TO

Pectoral Gastro-angi

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

24 hrs

3-4 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR? (County) (State)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

While  Not while   
at work  at work 22. I hereby certify that I attended the deceased from April 29, 1955, to April 30, 1955, that I last saw the deceased  
alive on April 29, 1955, and that death occurred at 7:50 A.M. from the causes and on the date stated above.  
SIGNATURE: *John W. Williams*

M.D. Frederick, Maryland

5/1/55

DATE SIGNED

23. BURIAL CREMATION,  
REMOVAL (SPECIFY)  
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

May 2, 1955

Mount Olivet Cemetery

Frederick, Maryland

DATE REC'D BY LOCAL  
REGISTRAR 2 May 1955

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Elizabeth G. Heek

M. R. Etchison &amp; Son, Frederick, Maryland

S A M

1870

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03672

3692

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

Item 2, FilmG181 5-16-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

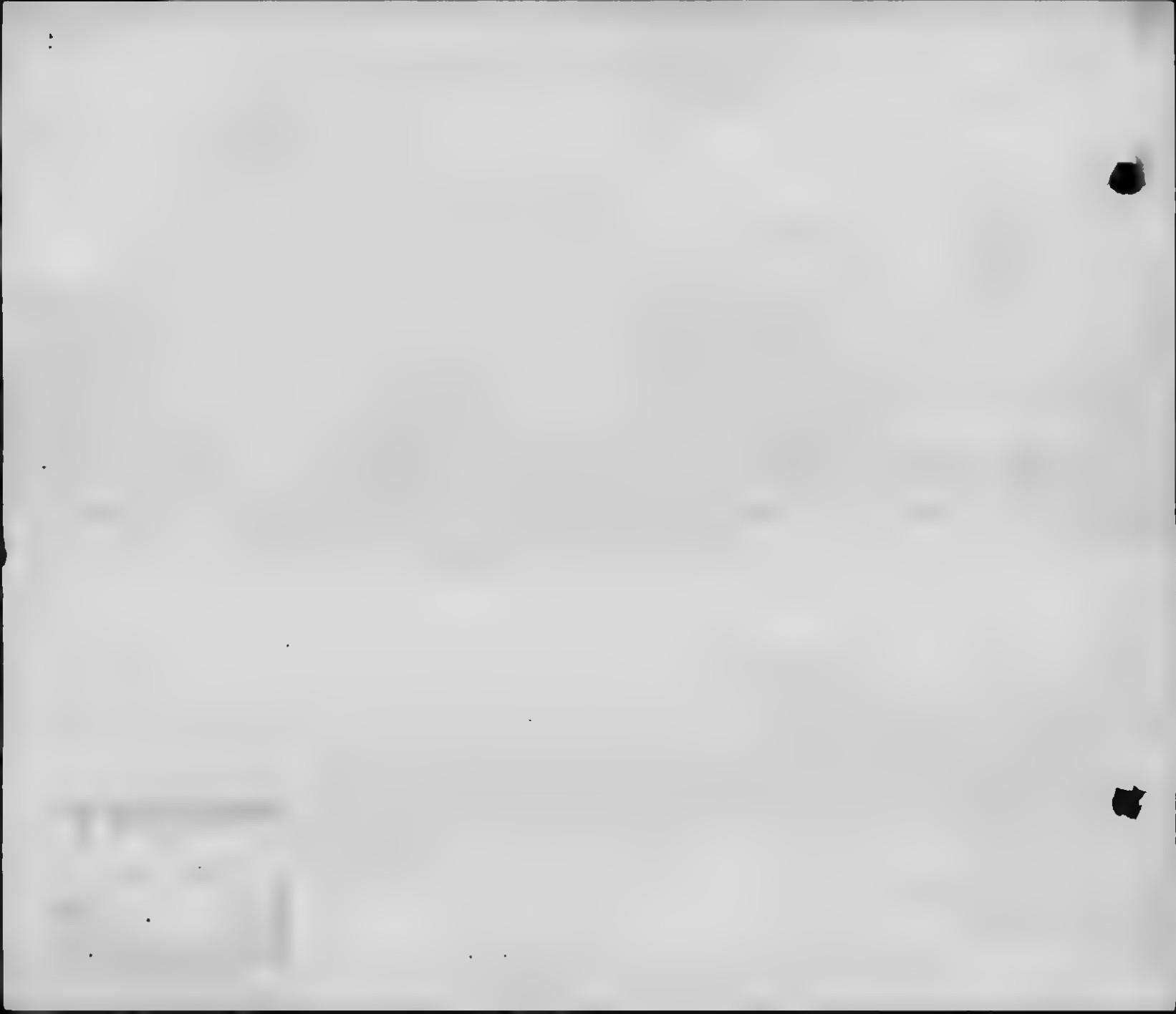
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY <input checked="" type="checkbox"/> Frederick	MARYLAND	STATE Maryland	COUNTY Frederick			
CITY (If outside corporate limits, write RURAL, and give nearest town) <input type="checkbox"/> OR TOWN Frederick	LENGTH OF STAY (in this place) 1 year	CTPF (If outside corporate limits, write RURAL, and give nearest town) <input type="checkbox"/> OR TOWN Frederick Buckeystown	(If rural give location)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue County Home		STREET ADDRESS Montevue County Home	one			
3. NAME OF DECEASED: (Type or Print) RICHARD		(First) (Middle) (Last) THOMAS	4. DATE OF DEATH: April 2 1955			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed	8. DATE OF BIRTH: August 18, 1876			
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Merchant		10b. KIND OF BUSINESS OR INDUSTRY: General Merchandise	11. BIRTHPLACE (State or foreign country): Maryland			
13. FATHER'S NAME: Otho Thomas		14. MOTHER'S MAIDEN NAME: Mary Jane Bready				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO.: None	17. INFORMANT & ADDRESS: Mr. Edgar Thomas - Jefferson, Maryland			
18. MEDICAL CERTIFICATION						
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>42a.2</i> Immediate cause (a) ... DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO (c)						
<i>Galmonary Edema</i> <i>Chronic nephritis</i> Interval Between Onset And Death <i>4 days</i> <i>2 yrs.</i>						
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION:				
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) m.	(Year) Hour m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from ..., 1952, to ..., 1955, that I last saw the deceased alive on ..., 1955, and that death occurred at 9:30 a.m., from the causes and on the date stated above. SIGNATURE: <i>J. S. Klein</i> (Degree or title): <i>S. S. Klein</i> ADDRESS: <i>Frederick Md</i> DATE SIGNED: <i>Apr 2, 1955</i>						
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF April 4, 1955	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick,	(State) Maryland		
DATE RECD BY LOCAL REGISTRAR REGISTRAR 4 April 1955	REGISTRAR'S SIGNATURE <i>Elizabeth S. Herk</i>	24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland				

BUNLU V. S.

APR 7

DK

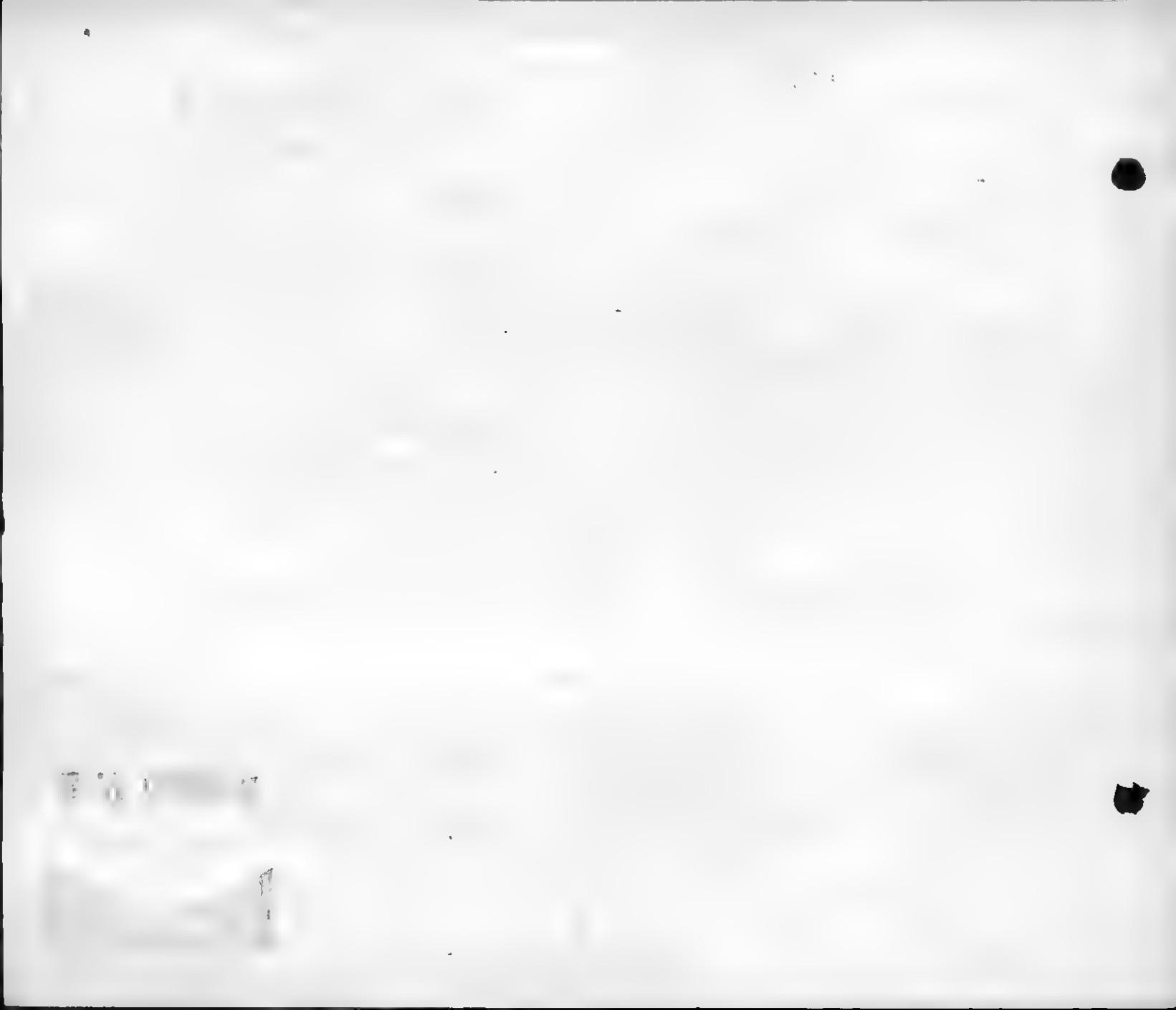




## 3666 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Frederick (in this place) 33 years		STATE Maryland COUNTY Frederick CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick STREET ADDRESS (If rural give location) 110 Monroe Street	
3. NAME OF DECEASED: (First) JOHN (Middle) VAN ACORE		4. DATE OF DEATH: April 4 1955	
5. SEX: Male RACE: White COLOR OR RACE: WIDOWED, DIVORCED. (Specify): Married		6. DATE OF BIRTH: May 23, 1894	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician		10b. KIND OF BUSINESS OR INDUSTRY: Railroad	
11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Nathan Van Acore		14. MOTHER'S MAIDEN NAME: Harriet Van Acore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Yes W. War I		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Mrs. John Van Acore - 110 Monroe Street, Frederick, Maryland	
18. MEDICAL CERTIFICATION			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.2</i> Immediate cause (a) <i>Angina</i> DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) <i>Hypertension &amp; arteriosclerosis</i> stating the underlying cause last (c) <i>obstruction</i> DUE TO			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>April 4, 1955</i> , to <i>April 4, 1955</i> , that I last saw the deceased alive on <i>April 4, 1955</i> , and that death occurred at <i>1:10 P.M.</i> , from the causes and on the date stated above. SIGNATURE <i>John Van Acore</i> ADDRESS <i>110 Monroe Street</i> DATE SIGNED <i>4/4/55</i>			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF April 7, 1955	NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery
DATE REC'D BY LOCAL REGISTRAR April 7, 1955		REGISTRAR'S SIGNATURE <i>Elizabeth S. Heck</i>	LOCATION (City, town, or county) (State) Frederick, Maryland
24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patrick Street Frederick, Maryland			



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03675

## 3683 CERTIFICATE OF DEATH

Reg. Dist. No. 184

## 1. PLACE OF DEATH:

COUNTY *Frederick*  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN *Emmitsburg*

MARYLAND  
 LENGTH OF STAY  
 (in this place) *10*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *nd* COUNTY *Frederick*  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN *Emmitsburg*  
 STREET ADDRESS *(If rural give location)*

## 3. NAME OF (First)

DECEASED:  
(Type or Print)

*ROBERT B*

(Middle)

(Last)

4. DATE (Month)  
OF DEATH

(Day)

(Year)

*April 14 1955*

## 5. SEX:

*M*

## 6. COLOR OR

*white*7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify):

## 8. DATE OF BIRTH

*Feb 8-1860*

## 9. AGE last birthday

*95*

IF UNDER 1 YEAR

Months *9*

IF UNDER 24 HRS.

Days *0*Hours *0*Min. *0*

## 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

*Carpenter Carpenter*

## 10B. KIND OF BUSINESS OR INDUSTRY

## 13. FATHER'S NAME

*John Walter*15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes no, or unk.) (If Yes, give war or dates of service)*No*

16. SOCIAL SECURITY NO.

*no*

## 17. INFORMANT &amp; ADDRESS:

*Mr. Hellie Walter Emmitsburg*INTERVAL BETWEEN  
ONSET AND DEATH*1 day**several years*

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

*43-21*

## IMMEDIATE CAUSE

## (A) DUE TO

*acute myocardial failure*

## ANTECEDENT CAUSE (S)

## (B) DUE TO

*arteriosclerotic cardiovascular disease*DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

## (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

## 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 45* to *Apr 14 1955*, that I last saw the deceasedalive on *April 14 1955*, and that death occurred at *Emmitsburg*, from the causes and on the date stated above.

ADDRESS

DATE SIGNED

SIGNATURE  
*W.R. Cade*M.D. *Emmitsburg Apr 45-55*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)*Burial*DATE THEREOF *Apr 18-1955* NAME OF CEMETERY OR CREMATORIUM *Marys Ann Barnesville Mont Co* LOCATION (City, town, or county) (State)DATE REC'D BY LOCAL REGISTRAR *April 16-1955*REGISTRAR'S SIGNATURE *M.T. Shuff*

## 24. FUNERAL DIRECTOR

ADDRESS *M.J. Reagan Son Thurmont*

3. A. 1000

5. 1. 1. 1.

0. 0. 0. 0.

13676

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3667

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

## 1. PLACE OF DEATH:

COUNTY Frederick  
CITY (If outside corporate limits, write RURAL  
OR  
and give nearest town)MARYLAND  
LENGTH OF STAY  
(in this place)  
weeks

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick  
CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWNSTREET  
ADDRESS  
Johnsville  
(If rural give location)11. HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
Memorial Hospital3. NAME OF  
DECEASED:  
(Type or Print)(First) DR EDWARD (Middle) AUGUSTUS(Last) WARNER

## 4. DATE (Month)

(Day)

(Year)

5. SEX

M6. COLOR OR  
RACE:W7. SPOUSE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify): M8. DATE OF BIRTH:  
Aug 2 - 1871

9. AGE last birthday

83

yrs

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life.  
even if retired): Veterinarian10B. KIND OF BUSINESS  
OR INDUSTRY:11. BIRTHPLACE (State or foreign country): Maryland12. CITIZEN OF WHAT  
COUNTRY?USA

## 13. FATHER'S NAME:

John Thomas Warner

## 14. MOTHER'S MAIDEN NAME:

Zelia Etger15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) [If Yes, give war or dates  
of service]

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT &amp; ADDRESS:

Ralph A Warner, Johnsville, Md.INTERVAL BETWEEN  
ONSET AND DEATH

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

## IMMEDIATE CAUSE

(A) Arteriosclerosis

## DUE TO

## ANTECEDENT CAUSE (S):

(B)

Diseases

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION:

## 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year)  
OF INJURY

## 21E. INJURY OCCURRED

## 21F. HOW DID INJURY OCCUR?

While  Not while   
at work  at work 22. I hereby certify that I attended the deceased from 1913 to 1953, that I last saw the deceased  
alive on May 29, 1953, and that death occurred at Johnsville, Md. M. from the causes and on the date stated above.  
SIGNATURE E. Elizabeth Heck ADDRESS  
DATE SIGNED

M.D.

23. BURIAL, Cremation, DATE THEREOF NAME OF CEMETERY OR Crematory LOCATION (City, town, or county) (State)  
REMOVAL (SPECIFY)

Burial May 2-1953

Methodist

Johnsville Md

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
REGISTRAR Elizabeth Heck

## 24. FUNERAL DIRECTOR

ADDRESS

Dr Hartley &amp; Son, Union Bridge, Md

7 1/2

11

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03677

## 3668 CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

11 Frederick

LENGTH OF STAY  
(in this place)

9 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia

COUNTY Loudoun

• ~~OUTSIDE~~ outside corporate limits, write RURAL, and give nearest town

OR TOWN Lovettsville

83X-3

STREET  
ADDRESS

(If rural give location)

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS Frederick Memorial Hospital3. NAME OF  
DECEASED:  
(Type or Print)(First)  
LAURA(Middle)  
ELMA(Last)  
WERKING5. SEX:  
Female6. COLOR OR  
RACE:  
White10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired)10B. KIND OF BUSINESS  
OR INDUSTRY:  
Retired Telephone Operator Telephone Co.

13. FATHER'S NAME:

Robert Werking

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)

No

16. SOCIAL SECURITY NO.  
Unknown

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

441X

IMMEDIATE CAUSE

(A)  
DUE TO

Uremia

INTERVAL BETWEEN  
ONSET AND DEATH

2 WKS.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(B)  
DUE TOHypertensive cardiovascular disease  
malignant type

2 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1955, to 4/13, 1955, that I last saw the deceased  
alive on 4/13, 1955, and that death occurred at 11 A M, from the causes and on the date stated above.  
SIGNATURE: *Henry V. Chase Jr.* ADDRESS: *Frederick, Maryland* DATE SIGNED: *13 April 1955*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BurialDATE THEREOF  
15 April 1955NAME OF CEMETERY OR CREMATORIUM  
Union CemeteryLOCATION (City, town, or county) (State)  
Lovettsville, VirginiaDATE REC'D BY LOCAL  
REGISTRAR 1955REGISTRAR'S SIGNATURE  
*Elizabeth S. Heck.*

24. FUNERAL DIRECTOR

ADDRESS  
M. R. Etchison & Son, Frederick, Maryland

UREAU V. S.

APR 1 1973

DG

## 3669 CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <u>Tre derick</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>Town</u> <u>Fredrick</u> LENGTH OF STAY <u>2 days</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Fred</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Or</u> <u>Thurmont</u> STREET ADDRESS <u>(If rural give location)</u>			
3. NAME OF DECEASED: (First) <u>EDITH</u> (Middle) <u>BLACK</u> (Last) <u>WHITMORE</u> (Type or Print)		4. DATE OF DEATH: (Month) <u>April</u> (Day) <u>10</u> (Year) <u>1955</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH: <u>MAR 11 - 1869</u>		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own Home</u>	11. BIRTHPLACE (State or foreign country): <u>Rocky Ridge, Frederick, Md.</u>		
13. FATHER'S NAME: <u>Joseph H. Black</u>		14. MOTHER'S MAIDEN NAME: <u>Marietta Norris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO.: <u>none</u>	17. INFORMANT & ADDRESS: <u>Rev C.H. Corbett, Thurmont, Md</u>		
18. MEDICAL CERTIFICATION					
<p>1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <u>586X</u>          Immediate cause (a) <u>Generalized Peritonitis</u>          Antecedent causes (s) (b) <u>Reputated Infected Gall Bladder</u>          Diseases or conditions, if any, giving rise to the above cause          stating the underlying cause last.          (c) <u>7 days</u>  <u>7 days</u> </p>					
<p>2. OTHER SIGNIFICANT CONDITIONS          Conditions contributing to the death but not related to the disease or condition causing death.</p>					
19a. DATE OF OPERATION: <u>4/9/55</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Generalized Peritonitis; Reputated Gall Bladder; Gastric</u>			
20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/7/55</u> , to <u>4/10</u> , 1955, that I last saw the deceased alive on <u>4/9</u> , 1955, and that death occurred at <u>9 AM</u> , from the causes and on the date stated above.					
SIGNATURE <u>E.O. Ottman</u>	(Degree or title) <u>2nd</u>	ADDRESS	DATE SIGNED <u>4/11/55</u>		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) <u>CREMATION</u>		NAME OF CEMETERY OR CREMATORIAL <u>CEDAR HILL</u>	LOCATION (City, town, or county) (State) <u>WASHINGTON D.C.</u>		
DATE REC'D BY LOCAL REGISTRAR <u>11 April 1955</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Heck</u>	24. FUNERAL DIRECTOR <u>M.L. Creager &amp; Son, Thurmont, Md</u>		ADDRESS	

Mrs. Whittemore

BUREAU V. S.

APR 13 1955

RECEIVED

03679

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3670

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

## 1. PLACE OF DEATH:

COUNTY Frederick MARYLAND  
 CITY (If outside corporate limits, write RURAL or and give nearest town) LENGTH OF STAY  
Frederick (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Fred. Mem. Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick  
 (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN Middletown  
 STREET ADDRESS (If rural give location)

3. NAME OF DECEASED:  
(First) (Middle) (Last)

Charles O. Zeigler

4. DATE OF DEATH: (Month) (Day) (Year)  
4 8 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED.  
 (Specify): married

8. DATE OF BIRTH: 7-11-1888

9. AGE last birthday: If UNDER 1 YEAR IF UNDER 24 HRS.  
 yrs. Months Days Hours Min.

66

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

## 13. FATHER'S NAME:

Abraham Zeigler

## 14. MOTHER'S MAIDEN NAME:

Susan Oberlander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.:

217-32-5169

17. INFORMANT & ADDRESS:

Mrs. Blanche Zeigler, Middletown, Md.

## 18. MEDICAL CERTIFICATION

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

463 X  
Immediate cause

(a) Pulmonary embolus

Interval Between  
Onset And Death

20 min.

Antecedent causes (s)  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Phlebothrombosis rt femoral vein Undetermined

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Chronic duodenal ulcer.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

4 April 1955 Chronic stenosing duodenal ulcer.

20. AUTOPSY ?

Yes  No

## 21. ACCIDENT (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

SUICIDE  
HOMICIDE

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY m. INJURY OCCURRED

While at Work  Not While At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 April, 1955, to 8 April, 1955, that I last saw the deceased

alive on 8 April, 1955, and that death occurred at 11:20 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Melvin E. Bea M.D. 35 E. Church St., Frederick, Md. 9 April 1955

## 23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

Burial

4-11-1955 Reformed Cemetery Middletown, Md.

Cremation

4-11-1955 Reformed Cemetery Middletown, Md.

Removal

4-11-1955 Reformed Cemetery Middletown, Md.

Other

4-11-1955 Reformed Cemetery Middletown, Md.

4-11-1955 Reformed Cemetery Middletown, Md.

Other

BUREAU V. S.

APR 12 1955

RECEIVED